

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

SL 32038

XC 7566293

11182

63-045509

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11182

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH NOV 22 1963

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St Louis, Missouri

Length of stay in, 1b
OR
6 weeks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Vets Admin Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY
OR
TOWN Maplewood

d. STREET
ADDRESS 7752 Rannells

Inside Limits
Yes ☒ No ☐

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Thomas D Guest Jr.

4. DATE
OF
DEATH 11/8/63

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
7/30/26

9. AGE (last birthday)
37

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Inside Dairy Worker

10b. KIND OF BUSINESS OR INDUSTRY
Retail Dairy

11. BIRTHPLACE (City and state or country)
St Louis, Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Thomas Guest

13b. MOTHER'S MAIDEN NAME

Lucille Miller

14. NAME OF HUSBAND OR WIFE

Gloria Guest

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes WWII

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Gloria Guest Wife (see 2 above)

18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Arrest

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

Convulsion

DUE TO (c)

433.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA Attended the deceased from 9/18/63 to 11/8/63 and last saw him alive on 11/8/63
Death occurred at 9:05 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

VAH, St Louis, Mo.

22c. DATE SIGNED

11/8/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

11-13-63

National Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

JAY B. SMITH, Maplewood, Mo.

25. DATE RECD. BY LOCAL REG.

NOV 12 1963

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

022-4100
296
10:30
Dr. J. J. J. J. J.